

Type a plus sign (+) inside this box → ☐

<div style="display: flex; justify-content: space-between;"><div>0010/PTO Rev. 6/95</div><div>U.S. Department of Commerce Patent and Trademark Office</div></div> <div style="text-align: center; margin-top: 20px;">DECLARATION</div> <div style="margin-top: 20px;"><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted After Initial Filing</div>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Attorney Docket Number</td><td></td></tr><tr><td>First Named Inventor</td><td></td></tr><tr><td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number		First Named Inventor		COMPLETE IF KNOWN		Application Number		Filing Date		Group Art Unit		Examiner Name			
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<p>As a below named inventor, I hereby declare that</p> <p>My residence, post office address, and citizenship are as stated below next to my name</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;">Process for production of a plastic-coated aluminium foil and packaging made from this</div> <p style="text-align: center; font-size: small;">(Title of the Invention)</p> <p>the specification of which</p> <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input checked="" type="checkbox"/> is attached hereto <input type="checkbox"/> OR <input type="checkbox"/> was filed on (MM/DD/YYYY) </div><div style="margin-top: 10px;">as PCT International Application</div></div> <p>Number and was amended on (MM/DD/YYYY) (if applicable)</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 56</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">Prior Foreign Application Number(s)</th><th style="width: 15%;">Country</th><th style="width: 20%;">Foreign Filing Date (MM/DD/YYYY)</th><th style="width: 15%;">Priority Not Claimed</th><th style="width: 30%;">Copy Attached? YES NO</th></tr></thead><tbody><tr><td rowspan="4">99811204.9</td><td rowspan="4">Europe</td><td rowspan="4">12.23.1999</td><td><input type="checkbox"/></td><td><input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/> <input type="checkbox"/></td></tr></tbody></table>		Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached? YES NO	99811204.9	Europe	12.23.1999	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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<div style="display: flex; align-items: center;"><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.</div>																	
<p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Application Number(s)</th><th style="width: 25%;">Filing Date (MM/DD/YYYY)</th><th style="width: 50%;"></th></tr></thead><tbody><tr><td style="height: 40px;"></td><td></td><td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</td></tr></tbody></table>		Application Number(s)	Filing Date (MM/DD/YYYY)				<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.										
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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Firm Name **Fisher, Christen & Sabol** Payor Number (if applicable)

Name	Registration Number	Name	Registration Number
Virgil H. Marsh	23,083		
Kara M. Armstrong	38,234		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto

☒ Please direct all correspondence to

Name **Virgil H. Marsh**

Address **Fisher, Christen & Sabol**

Address **Suite 1401, 1725 K Street, N.W.**

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Country **USA** Telephone **(202)659-2000** Fax **(202)659-2015**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Hans-Rudolf	Middle Initial		Family Name	Nägeli	Suffix	
Inventor's Signature	<i>Hans R. Nägeli</i>					Date	22.11.00
Residence: City	Neuhausen am Rheinfal	State		Country	Switzerland	Citizenship	Swiss
Post Office Address: Hohfluhstr. 11, CH-8212 Neuhausen am Rheinfal, Switzerland							
City	Neuhausen a.Rheinfal	State		Zip	8212	Country	Switzerland
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Franz	Middle Initial		Family Name	Kolb	Suffix	
Inventor's Signature <i>Franz Kolb</i>						Date	22.11.00
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City	Rielasingen	State		Zip	78239	Country	Germany
				Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Werner	Middle Initial		Family Name	Hammon	Suffix	
Inventor's Signature <i>W. Hammon</i>						Date	22.11.00
Residence: City	Stockach	State		Country	Germany	Citizenship	German
Post Office Address: Geschwister-Scholl-Str. 24, D-78333 Stockach, Germany							
City	Stockach	State		Zip	78333	Country	Germany
				Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Werner	Middle Initial		Family Name	Hartmann	Suffix	
Inventor's Signature <i>W. Hartmann</i>						Date	22.11.00
Residence: City	Hilzingen	State		Country	Germany	Citizenship	German
Post Office Address: Ob dem Viehmarkt 4, D-78247 Hilzingen, Germany							
City	Hilzingen	State		Zip	78247	Country	Germany
				Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
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